NOTICE OF INDEPENDENT REVIEW DECISION

March 12, 2002
RE: Injured Worker: MDR Tracking #: M2-02-0462-01 IRO Certificate #:
The independent review was performed by a physician reviewer who is board certified in anesthesiology and pain management which is the same specialty as the treating physician. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referra to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.
The physician reviewer has determined that the proposed care is not medically necessary for treatment of the patient's condition. Therefore, agrees with the previous adverse determination. The specific reasons including the clinical basis for this determination are as follows:
This 53-year-old male sustained an injury in an auto accident in
This decision by the IRO is deemed to be a TWCC decision and order.
Sincerely,
Director of Medical Assessment